Coverage Rationale

Alveoloplasty

Alveoloplasty is indicated for the following:
- For bone recontouring and smoothing as part of the tooth extraction process
- For bone recontouring and smoothing as a standalone procedure prior to fixed or removable prosthetic construction
- To provide stability for implant placement
- For debulking procedures for pathologic conditions of the bone

Alveoloplasty is not indicated for the following:
- When removing bone would harm vital structures
- When there is diminished volume or atypical architecture of bone
- For individuals who have undergone radiation therapy to the head and neck
- For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response

Vestibuloplasty

Vestibuloplasty is indicated for the following:
- Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction
- To complement and complete osseous procedure when reconstructing edentulous bone
- To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement
- For overall stability of a dental implant and the maintenance of bone health around an implant

Vestibuloplasty is not indicated for the following:
- For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response
- When there is minimal alveolar ridge height
- For individuals who have undergone radiation therapy to the head and neck
Coverage Limitations

- Vestibuloplasty is limited to one time per site per consecutive 60 months

Exclusions

- Procedures related to the reconstruction of a patient’s correct vertical dimension of occlusion (VDO)
- Dental Services that are not Necessary
- Any Dental Procedure performed solely for cosmetic/aesthetic reasons
- Procedures that are considered to be Experimental, Investigational or Unproven
- Any Dental Procedure not directly associated with dental disease
- Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body

Definitions

Alveoloplasty: Surgical procedure for recontouring supporting bone, sometimes in preparation for a prosthesis. (ADA)

Necessary: Dental Care Services and supplies which are determined through case-by-case assessments of care based on accepted dental practices to be appropriate; and

- Needed to meet basic dental needs; and
- Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the dental care service; and
- Consistent in type, frequency and duration of treatment with scientifically based guidelines of national clinical, research, or health care coverage organizations or governmental agencies that are accepted by us; and
- Consistent with the diagnosis of the condition; and
- Required for reasons other than the convenience of the member, or dental provider; and
- Demonstrated through prevailing peer-reviewed dental literature to be either:
  - Safe and effective for treating or diagnosing the condition or sickness for which its use is proposed; or
  - Safe with promising efficacy:
    - For treating a life-threatening dental disease or condition; and
    - In a clinically controlled research setting; and
    - Using a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health

Vestibuloplasty: Any of a series of surgical procedures designed to restore alveolar ridge height by lowering muscles attaching to buccal, labial, and lingual jaw aspects. (Stedman’s)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>CDT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7310</td>
<td>Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant</td>
</tr>
<tr>
<td>D7311</td>
<td>Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant</td>
</tr>
<tr>
<td>D7320</td>
<td>Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant</td>
</tr>
<tr>
<td>D7321</td>
<td>Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant</td>
</tr>
<tr>
<td>D7340</td>
<td>Vestibuloplasty – ridge extension (secondary epithelialization)</td>
</tr>
<tr>
<td>D7350</td>
<td>Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)</td>
</tr>
</tbody>
</table>

CDT® is a registered trademark of the American Dental Association

Oral Surgery: Alveoloplasty and Vestibuloplasty
UnitedHealthcare Dental Coverage Guideline

Proprietary Information of UnitedHealthcare. Copyright 2021 United HealthCare Services, Inc.
### Description of Services

Alveoplasty is a surgical procedure usually done by an oral surgeon used to smooth out the jawbone. This is done in areas where teeth have been removed or where teeth have been lost. Alveoplasty can be done alone but it is usually performed at the same time with tooth extraction.

Vestibuloplasty is a surgical procedure designed to restore alveolar ridge height by lowering muscles attaching to buccal, labial, and lingual jaw aspects. It is most often seen when preparing the mouth for dentures or an implant.

### References

American Dental Association (ADA) CDT Codebook 2020.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.


### Guideline History/Revision Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/2021</td>
<td>Updated dental entity brand logo</td>
</tr>
<tr>
<td>01/01/2021</td>
<td><strong>Template Update</strong></td>
</tr>
<tr>
<td></td>
<td>• Reformatted policy; transferred content to new template</td>
</tr>
<tr>
<td>09/01/2020</td>
<td><strong>Supporting Information</strong></td>
</tr>
<tr>
<td></td>
<td>• Updated <em>References</em> section to reflect the most current information</td>
</tr>
<tr>
<td></td>
<td>• Archived previous policy version DCG028.04</td>
</tr>
</tbody>
</table>

### Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or

---

**UnitedHealthcare Dental Coverage Guideline**

**Proprietary Information of UnitedHealthcare. Copyright 2021 United HealthCare Services, Inc.**

**Oral Surgery: Alveoloplasty and Vestibuloplasty**

**Effective 09/01/2020**
state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.